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This program was developed to deal more effectively with behavior problems in children through providing training and consultative services to teachers and other school personnel who work directly with children. Program goals were: (1) the development and refinement of a model approach to intervention within a school, and (2) the development and refinement of methodologies for effective intervention services. Program implementation integrated: (1) the training of graduate students in clinical psychology to serve as consultants to school personnel, (2) the development and testing of methods, for dealing effectively with behavior and learning problems which can be implemented by the teachers; and (3) the building into the program of a research component which provides the opportunity for evaluation of program effectiveness. Consultation was provided through lecture courses, through the formation of problem solving groups, and through the assignment of professionals to the school. The role of the consultant is described. The consultant approach presented is based upon an operant conditioning methodology. (PS)

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Toward the Management Of Classroom Behavior Problems: An Approach To Intervention In A School System[1]

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Traditional approaches to dealing with the problem of mental illness are undergoing considerable change today as members of the mental health professions are becoming aware of the need for providing services to the community rather than simply for directing their efforts toward the amelioration of "illness." Attention is being focussed also on the need for developing adequate conceptual models which will permit a shift in orientation from treatment of illness to its prevention and to the positive promotion of mental health within the community. Within this context, two major problem areas requiring immediate attention have been largely overlooked in planning and implementing comprehensive community-oriented service programs. The two areas are: (1) the need for innovation at the community level, and (2) the need for a strong emphasis on program evaluation and research.

Current recommendations regarding the setting up of priorities in comprehensive community service programs (e.g., Smith and Hobbs, 1966) place emphasis on the need for developing and refining new methods of intervention which are directed toward the problems of children. It has become painfully obvious that attempts at dealing with emotional and learning problems in children through providing them with individual psychotherapy administered by highly trained professionals will have about the

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same effect as attempting to hold back a flood by placing a finger in a gaping hole in the dike. As Albee (1959) has pointed out, "The number...who need help and the number of people prepared to give help are so out of proportion that time and arithmetic will not permit such individual face-to-face approaches to be meaningful from a logistics point of view" (p. 254). Albee further stresses the need for the development of new techniques and methods which will permit more persons to be reached per professional person.

The purpose of the present paper is to describe a program which was developed in an attempt to deal more effectively with behavior problems in children through providing training and consultative services to teachers and other school personnel who work directly with children. The program is oriented toward the goals of: (1) the development and refinement of a model approach to intervention within a social system, i.e., the school; and (2) the development and refinement of methodologies for effective intervention services. The successful implementation of the overall program has involved an integration of three component parts. The first involves the training of graduate students in clinical psychology to serve as consultants to school personnel. The second involves the actual development and testing of methods for dealing effectively with behavior and learning problems in classroom settings which can be implemented successfully by teachers. The third part is concerned with building into the program a research component which provides the opportunity for evaluation of program effectiveness.

Description Of the Program

The Psychological Clinic. The Clinic is maintained by the Department of Psychology at the University of Kansas as the primary intra-mural training and research facility for graduate students in clinical psychology. The Clinic is organized along the lines of a community mental health center, with most of the client population consisting of children, adolescents, and adults in the community of about 35,000 people surrounding the University. During any given year, 24 to 30 second and third year graduate students receive practicum training in the Clinic on a year round basis. The supervisory staff currently consists of five clinical psychologists who are full-time members of the Department of Psychology faculty, two full-time social workers and one half-time social worker, and three part-time clinical psychologists. In addition to providing direct clinical services to clients, every effort is made to provide the student with experience in consultation activities with members of other professions, e.g., teachers, ministers, physicians, etc. As part of the program, a two semester training seminar dealing with consultation theory and methods is regularly offered each year for students who demonstrate an interest in, and an aptitude for, developing specific skills in this area. The major focus of interst in the training seminar over the past three years has been directed toward the development of a comprehensive program for providing consultative services to the local school system of the county in which the University of Kansas is located.

The target school system. The county school system for which the

program was planned includes 15 elementary schools, 2 junior high schools, and 1 senior high school. There are approximately 4600 pupils enrolled at the elementary level, 1800 at the junior high schools, and 1500 at the high school. The total enrollment in the school system, then, is close to 8,000 pupils. At the present time, these schools are being staffed by 412 full-time teachers. There is also one parochial elementary school in the county which includes the grades from one to eight. This school has been included in our plan for developing a consultation program.

Historical development of the intervention program. The program was initiated three years ago when the writer was asked to offer a course for teachers, counselors, and principals in the local school system. It was arranged to offer a 15 week course dealing with "Learning and Emotional Problems in the Classroom." Class meetings were scheduled to meet once each week for a two hour period, and they were held in the later afternoon, so that they would not interfere with teaching responsibilities. The class meetings were divided into two parts with the first half consisting of a lecture and the remainder of the time being given over to splitting up the 50 member class into small groups of eight or nine participants. Since the writer had initiated the consultation training seminar during this same year, the five graduate students participating in the seminar and the instructor served as dicussion leaders, or "consultants," for the teacher groups. This provided the opportunity for the instructor and the graduate students to function as a consultation team, with the added benefit of stimulating considerable

feedback and interchange of ideas and experiences during the training seminar sessions.

During the course of the semester, some of the teachers in the discussion groups requested that their consultants make visits to their classrooms, in order to better understand the teachers' problems. These classroom "visits" were felt to be beneficial, both from the viewpoints of the teachers and the graduate students. The student consultants and the school personnel enrolled in the course viewed the experience as being very helpful and personally rewarding. In an anonymous questionnaire, the school personnel rated the course as much more beneficåal than courses taken previously in education or psychology, and they also indicated a change in attitudes in the direction of increased favorableness toward the idea of working together with psychologists.

Following the favorable reaction to this first attempt at providing consultation to school personnel, the program has been expanded so that 18 graduate students are currently participating in the training seminar. The increase in number of participating students and interest on the part of school personnel has enables us to develop an integrated, three level approach to providing consultation to teachers on a county-wide basis. The three major aspects of this approach may be described as follows:

(1) Lecture course. The course which was initiated three years ago has been offered each year for elementary and secondary teachers, principals, and counselors. Basically, the course is oriented toward

the presentation of principles concerned with the effective management of learning and behavior problems of children as these occur in the classroom. Techniques for behavior modification based on operant methodology are described and examples are given, with emphasis placed on the importance of keeping behavioral records in order to evaluate results. The major class assignment involves having each class member select a "problem case," and to plan, carry out, evaluate, and write up the results of an attempt at modification of the problem.

(2) Problem-solving groups. We have continued to use part of the class periods for small group discussions with graduate students serving as the discussion leaders. The discussions are focussed toward providing assistance to the class members in working out difficulties which may arise in connection with the planning and implementation of the modification of their problem cases.

(3) Direct consultation. The 18 graduate students in the training seminar are assigned, either singly or in pairs, as consultants to the elementary and secondary schools in the county system. With the exception of three elementary public schools, one or two consultants make regular weekly visits to each of the other schools throughout the school year. In order to encourage the development of stable consulting relationships, the student consultant is assignmed to one school for the entire year. In the case of the three non-participating schools, it was felt that regular consultation was not as necessary, and the principals of these schools request consultation when the need arises. Each consultant is primarily responsible to the principal of his assigned school,

and is available to consult with teachers about problems which arise in their classroom settings. Most of the consultation is carried out on a one-to-one basis, although at some schools, the teachers have requested group meetings in addition to individual contacts. It should be stressed that this consultation program is directed toward assisting teachers to deal with problem behaviors, and the consultants rarely, if ever, have direct contact with the children. Consultants are encouraged to make classroom observations, however, if this is agreeable to the teachers.

The Consultant Role

Theoretical considerations. The training seminar is primarily concerned with a consideration of the various "models" which have been proposed for the consultant role, e.g., the consultant as an expert, as a resource person, or as a "trainer" interested in the consultation process (Ferneau, 1954; Klein, 1964). In actual practice, of course, a consultant often finds himself called upon to function within the context of all three of these roles. Nevertheless, we have conceptualized the primary role of a consultant for our trainees as being that of a "trainer," or process consultant. Thus, the major efforts of the consultants are viewed as being "directed towards bringing about changes in his consultee which will enable him to solve his problem himself and to handle similar problems more competently in the future" (Klein, 1964, p.1.).

In contrast to the "pseudo-therapeutic" mental health approach to consultation which tends to focus on the "personal affective involvement

of the consultees" (Altrocchi, 1964, p. 2), our approach can best be understood as being based upon a social-psychological model. That is to say, the model is essentially interactional and is derived from an exological frame of reference. Following Rhodes (1967) we would view problem behavior in school children as being the product of the reciprocity between an activator, e.g., a child manifesting disturbed behavior, and a responder, e.g., a teacher. While there may be a community of responders (including teacher, principal, counselor, parents, etc) involved in any given case, as suggested by Rhodes, in actual practice we have found that it is quite possible to bring about effective changes in the classroom behavior of children by paying primary attention to interaction between child and teacher. The consultant is thus trained to orient himself toward the development of intervention methods which are based upon a appreciation of the extent to which a problem situation can be attributed to: (1) the activator, (2) the responder, and (3) the divergent environmental conditions arising from their interaction (Rhodes, 1967).

An adequate assessment of a problem situation arising within a classroom setting is dependent upon carrying out a functional analysis of activating and responding behaviors. In the interaction between the activator and responder, each persons' behavior bears a functional relationship to the other, and the child and the teacher can be seen as alternately taking the roles of activator and responder in a cyclic fashion. Since the interaction pattern is maintained in relation to its functional value for each of the interactants, changes in behavior will

"depend upon the extent to which the functions of these behaviors are changed" (McAllister, 1968, p. 48).

Method. The consultant's role has been conceptualized on the basis of a scientifically grounded, "problem'solving" approach. Primary emphasis is placed upon the utilization of techniques which focus on the modification of specific behaviors and the amelioration of concrete behavior problems which arise within the classroom setting. The consultant is trained in methods of effectively communicating this approach to the consultee teacher, and in providing appropriate social reinforcements which are aimed at encouraging the teacher to integrate the approach to his repertoire of teaching behaviors.

The specific approach employed in our consultation program is based upon an operant conditioning methodology (Bergan and Caldwell, 1967; McAllister, 1968). In the assessment of a child's problem behavior, attention is focussed on the events (or consequences) which follow the child's behavior. These events may: (1) accelerate the behavior, (2) decelerate the behavior, or (3) have no observable effect on the behavior. Events subsequent to the child's behavior generally occur in an unsystematic manner. The consultant assists the teacher in preparing for planned schedules of events to follow the child's problem behavior.

The consultant approach is derived from the clear and concise paradigm for changing behavior which has been developed by O.R. Lindsley (1967). The plan includes the following steps: (1) pinpoint the behavior, (2) record the rate, (3) change the consequences, and (4) evaluate the results.

(1) Pinpoint the behavior. The first phase of the change plan is concerned with the identification and specification of the problem behavior to be changed. The initial complaint about a child's behavior is frequently presented in very vague and general terms, e.g., "he's lazy," or "he's impossible to manage," etc. At the outset, then, the consultant's major task is concerned with assisting the consultee in specifying as precisely as possible the behavior which needs to be changed. Behaviors which are most frequently reported include talking out without permission, walking about the room, hitting others, and failure to complete assignments. In somce cases, two or more behaviors are identified as requiring change. In such situati ons, a hierarchy of problem behaviors is arranged, with the behavior which is seen as most disruptive being placed at the top of the hierarchy and receiving attention first.

(2) Record the rate. The next step involves obtaining a behavioral record of the rate (or frequency) of occurrence of the defined problem behavior. The teacher obtains a record of the baseline rate of the occurrence of the specified behavior over a period of time, and this record is most clearly represented in graphic form, i.e., plotting the rate per specified time period, e.g., per minute, per class period, or per day, depending on the particular problem situation. Such records can serve several functions. For one thing, they are useful in making a judgment as to whether the problem behavior is occurring at a high enough rate to warrant the application of a modification plan, or if it only "seemed" to be occurring "all the time." Also, the keeping of records,

in and of itself, appears to be a very effective means for bringing about changes in behavior. Thus, teachers and consultants alike have reported that the mere institution of a recording procedure (providing that the child is aware of the procedure) has served to decelerate problem behavior in many instances. While we have no specific data on this observation as yet, it is quite possible that the teacher's recording of the problem behavior represents a change from what she had been doing, e.g., critically admonishing the child, and the cessation of this response serves to bring about a deceleration in the child's behavior. After an examination of the baseline data indicates that action is justified, the consultant assists the teacher in devising a modification plan.

(3) Change the consequences. The modification phase can be defined as beginning when an event is arranged to follow a specific behavior on a planned schedule (Bergan and Caldwell, 1967). We have focussed most of our attention on the use of positive and aversive consequences (as emitted by teachers) as events which have considerable effects on children's behavior. If one makes classroom observations, it soon becomes evident that teachers spend a good deal of time and energy in providing consequences for child behaviors. For the most part, however, these consequences are provided in a very inconsistent fashion. Also, many "warnings" of aversive consequences are given, e.g., "You'll be sent to the office," or "You'll have to stay after school." Frequently, however, these aversive consequences are not put into effect. Perhaps the most striking observation is that children's problem behaviors tend

to receive a good deal of attention from the teacher, while "school appropriate" behaviors are taken for granted. Thus, a child who is identified as a "problem" by a teacher because of his spending a good deal of time out of his seat without permission is likely to receive a lot of teacher attention (most of it critical, of course) for this behavior. As a first attempt at modifying the "out-of-seat" behavior, the teacher might plan to ignore the occurrence of such behavior, while providing the child with positive social reinforcement (e.g., attention, praise, interest in his work) for time spent in work at his seat. For this example, it can be seen that what is involved is planning for acceleration of one behavior (seat work) which is incompatible with the behavior to be decelerated (being out-of-seat).

Recording of the specified behaviors is continued during this "change phase." In the example described above, graphs would be kept indicating the rates or frequencies of "in-seat" and "out-of-seat" behaviors. This provides an opportunity for an on-going evaluation by the teacher and consultant of whether or not the plan is achieving the desired effect.

(4) Evaluate the results. The "change plan" may be considered successful when the problem behavior "has been changed in the planned direction and to a degree which remediates the problem for the child and the teacher" (Bergan and Caldwell, 1967, p. 140). It should be noted that the particular choice of a planned consequence may vary for different children and in different situations. For example, it may be determined that providing a particular consequence does not have the desired

effect on the child's behavior, or that the changes produced are too gradual, or that it requires too great an expenditure of time and energy on the part of the teacher. In such cases, an alternate plan may need to be devised. It has been our experience, however, that most classroom behavior problems can be modified with lasting results. Teachers who have employed this method during the past three years report achieving success on the first try in over 80 percent of the problem cases, and if three attempts are made, success is reported for 100 percent of the problem cases. These results are in agreement with those reported by Lindsley (as cited in Bergan and Caldwell, 1967). In any case, the keeping of behavioral records provides a built-in opportunity for a continuous evaluation of the effects of the procedure.

Evaluation Of The Program

In attempting to evaluate the effectiveness of the program described above, one could point to the continued support of and participation in the program by school personnel and the consultant trainees. Both of these groups have given considerable time and effort in participating in the program. One could also cite questionnaire data, in which teachers in the lecture course and problem-solving groups rated their experience with a high degree of favorableness. They also reported feeling "more positive" toward the idea of working together with psychologists after participating in the course. The course enrollment has also increased from about 50 members during the first year to between 70 and 80 members during the second and third years.

Such methods of evaluation have been widely employed in published

reports of school consultation programs. They have been soundly criticized, also, on the basis of failing to specify the techniques, methods, or approaches employed by the consultant. Wilkins (1964) has pointed out that endorsement of a program by those who participate in it does not constitute empirical evaluation of the program. Similarly, MacMahon, Pugh, and Hutchison (1961) have questioned the use of subjective feelings of consultees as being valid indicators of beneficial results, without attempting to correlate such ratings with observable changes in behavior.

In the light of such criticisms, we have been concerned with the need for building into our program an adequate evaluative research component. Thus, one of the "observable" effects of the program during the past three years has been to decrease the number of referrals of school children to the Psychological Clinic. This is in line with our goal of attempting to deal with such problems more promptly and more efficiently in the classroom setting. Nevertheless, one of the primary strengths of the approach we have employed with respect to program evaluation is the built-in emphasis on obtaining behavioral records. Our approach to program evaluation has included the following components: (1) teachers' records, (2) consultants' records, and (3) controlled research.

(1) Teachers' records. As mentioned previously, teachers enrolled in the lecture course are asked to select a problem case, and, with consultation assistance, to plan, carry out, evaluate, and write up the results of their attempts at modification. Thus far, over 200 case

studies have been completed by class members during the three years in which the class has been offered. These studies are currently being analyzed and integrated for presentation in book form. In addition to providing a large sample of behavioral reports of the success of modification attempts, the case studies are useful in assessing the extent to which the teachers have been able to learn the "method" and to implement it in dealing with classroom problems.

(2) Consultants' records. The consultants are asked to turn in weekly records of their school contacts, which provides an opportunity for assessing the overall impact of their consultation efforts on the school system in terms of number of teacher contacts and number of modification attempts initiated. In addition, each consultant is asked to prepare a case study on a problem arising in consultation, in which they attempted to modify some aspect of consultee behavior.

(3) Controlled research. The acceptance of the program by teachers and school administrators has made it possible to initiate controlled research studies. In a recently completed doctoral dissertation, McAllister (1968) describes an experimental demonstration of the use of social reinforcers by the teacher of a low-track high school English class. Serving in the role of consultant, McAllister collaborated with the teacher in devising a plan which proved to be successful in the modification of deviant behaviors which were occurring at a high rate in the class taken as a whole. Measures of these same behaviors were obtained in a "control class" also, in which the modification program was not applied. No significant changes in the rate of the deviant behaviors was noted in the control class. This study is especially note-

worthy in demonstrating that the approach applied in individual cases can be modified for use with entire classroom groups.

Concluding Remarks

One of the major aims of the program described in this paper has been to proceed toward the development of a "model" approach for effective intervention at the community level. While we have chosen to direct our attention toward interrention within a school system, the basic approach should be applicable within other community sub-systems as well. The consultation program has several unique aspects which should be emphasized:

(1) The focus of attention is directed toward the "front line" worker, i.e, the teacher, rather than the upper-echelon of the power structure, as is so often advocated in the literature on planning for change in a social system. It is our contention that, at least in a school system, changes whihh have a direct bearing on pupil behaviors can be implemented most quickly and effectively by working directly with teachers. We have also found that the feedback which teachers provide to administrators has much more impact on the formulation of policies concerning teacher-student relationships than that provided by outsiders, e.g., psychological consultants.

(2) The approach is based upon a method which can be easily communicated, both to relatively inexperienced consultant trainees and to teachers. It does not rest so heavily on highly developed professional skills, as would be true in the case of the "mental health" type of consultant, which seems to require extensive training and ex-

perience in psychotherapy. This does not mean, of course, that the trainees are equally skilled in their abilities to "sell" the program to the consultee teachers. The method can only be useful and effective to the extent that the consultant becomes proficient in the arts of teaching and persuasion.

(3) Since the consultation program is based within the context of a university training program in clinical psychology, it is oriented toward dealing with a need for service and a need for training simultaneously. In this respect it is directly concerned with the problem of arranging for the most effective and efficient use of professional manpower. Thus, it should serve as a possible model for dealing with the pressures of staffing and meeting the urgent service demands which are so prevalent in present day community mental health center operations. Perhaps the direct treatment model as practiced by the three-man mental health team can begin to give way to the training of sub- and non-professionals as a means of reaching a broader segment of the community.

The foregoing account represents a description of the initial phase in the development of a comprehensive program of intervention within a school system. During the first three years, we have directed our attention toward three main goals: (1) establishing and maintaining collaborative working relationships with school personnel, (2) developing techniques for providing "concrete" assistance to teachers in dealing with problem behaviors, and (3) developing methods for evaluation of program results. Our success in moving toward the realization of these goals has encouraged us to turn our attention toward further refinement of methods and techniques, which should enable us to increase the overall impact of the program.

One thing is certainly clear. Dramatic changes in problem behaviors can be brought about quickly and effectively in a large number of cases by systematic application of social reinforcements by the teacher. Moreover, teachers who have been receptive to this approach have been amazed and "positively reinforced" by the extent to which they are able to modify and shape the behaviors of students through learning to control their own responses. Most of them view the methods as a "common sense" approach, and there is eveyr indication that successful applications will lead to further employment of the systematic use of social reinforcers in dealing with future problems. The extent to which teachers continue to employ this method will be investigated through follow-up contacts.

Now that we have demonstrated to our satisfaction that the classroom management of a large proportion of problem behaviors is an attainable goal, we can begin to focus our efforts on the discovery of more effective methods for achieving generality of application among a broader range of teachers and school personnel. Not all teachers are ready and willing to embrace suggestions of change in their customary approaches to dealing with classroom problems, even though they may be quite dissatisfied with the results they are obtaining with these approaches! Resistance to change is a pervasive phenomenon, which can be manifested in an endless variety of ways. Frequently, a good deal of preparation, in the form of propagandizing and repeated demonstrations of successful case examples, is required before some persons can be persuaded to "learn new tricks." In any case, inducing change in a

large social system is not accomplished overnight, except perhaps in certain instances requiring revolutionary tactics. Our "revolution" is viewed in a more orderly fashion, requiring the exercise of patience, persistence, and promotion. Thus, the next phase in the development of our intervention program will be concerned primarily with the development and testing of methods for enhancing the effectivenss of the psychological consultant in his role as an active collaborator in the educational process which seeks to promote change and evaluation.

Footnotes

1. The author wishes to thank the 30 graduate students in clinical psychology who have participated in the consultation training program since its inception in 1965. Their conscientious efforts are greatly appreciated, and the development of this initial phase of the program has been influenced to a considerable extent by their thoughtful criticisms and suggestions. Appreciation is also expressed to the Lawrence, Kansas Unified School District #497 and especially to the Director of Special Education, Dr. June Smith, for her continuing support and encouragement in establishing this program. The teachers, counselors, and administrators who have participated in the program deserve special commendation. Much of what the author has learned concerning the nature of the problem situations which are confronted daily by teachers in their classrooms is directly attributable to their zealous and ingenious efforts in testing out the applicability of change methods in the "real world."

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